



## Samaritan Group Request Form

Organization Name \_\_\_\_\_ Federal ID # \_\_\_\_\_  
Address: \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_, Fax \_\_\_\_\_, Email \_\_\_\_\_  
Contact Person \_\_\_\_\_, Title \_\_\_\_\_  
Project Name \_\_\_\_\_, Location \_\_\_\_\_

What is being requested: (Financial, merchandise, volunteers) \_\_\_\_\_

Why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agency action plan for this project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How and who will benefit from this project? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other support provided to the project and by whom. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Timeline: \_\_\_\_\_

This agency understands that BFW Institute of Research and Development is unable to provide delivery of donations/in-kind in most instances. It will be our responsibility to arrange pickup/delivery of donated item.

Signature \_\_\_\_\_ Date \_\_\_\_\_